

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007
PHONE (602) 364-1PET (1738) FAX (602) 364-1039
VETBOARD.AZ.GOV

COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: MAY 18, 2021

Case Number: 21-142

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Dr. Alex Beckley

Premise Name: Arizona Veterinary Emergency & Critical Care Unit

Premise Address: 86 W Juniper Ave Suite 1

City: Gilbert State: AZ Zip Code: 85233

Telephone: (480) 497-0222

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

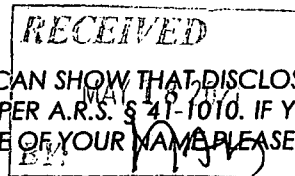
Name: Tracy Bloom

Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.



C. PATIENT INFORMATION (1):

Name: Hazel Bloom
Breed/Species: Blue heeler/pit mix
Age: 3 Sex: F Color: Tan and White

PATIENT INFORMATION (2):

Name: _____
Breed/Species: _____
Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

Alex Beckley-86 W Juniper Ave Suite 1 Gilbert, AZ 85233-480.497.0222
Elizabeth Wyatt-86 W Juniper Ave Suite 1 Gilbert. AZ 85233-480.497.0222
Dr Jablonski-47830 N Miller Road Scottsdale, AZ 85251-480.429.1188
Dr Diane Streiff-1648 N Country Club Dr Mesa, AZ 852011

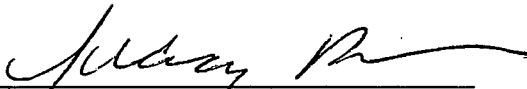
E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Nicholas Bloom- _____
Michael Avery- _____
Sherry Sanders- _____

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: 

Date: 5/16/21

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

Dr Beckley did the least of care in my opinion. Hazel had multiple visits to this particular clinic, her last emergency trip there was 3/19-3/20. During this time Hazel proceeded to decline and with every single vet visit I made whether to Banner, VCA or AVECCC- I presented all of her symptoms, not just 1 or 2 or 3. When I brought her there she had already stopped eating and drinking, she was lethargic, sleeping a lot, her muzzle was drying out, she has an inner ear infection that was being treated with ear wash and ear drops, she was crinkling her muzzle/face, like her mouth was sore or dry, multiple times a day, not just once or twice, she was rubbing her face on anything and everything once she got up; the wall, the floor, fence posts, blankets, rocks anything to find relief and it seems as though she never did. She is walking funny, rigidly with all 4 limbs, whining arching her back, until finally on Saturday May 1st, she was having difficulty standing, she was falling over and staggering. With all of the symptoms that she presented with and now this, this is critical- I called Banfield, the tech said it was an emergency, as did her dr on duty- he said to take her to emergency, she may have an underlying issue. There are those words, yet again-as was stated from Dr Wyatt, also. I agreed- called AVECCC they agreed, asked that I bring immediately. She wasn't walking well, but she is nervous and anxious and scared, they muzzle her I tell the tech, all of her symptoms, You can not make a diagnosis or begin to research or establish what could possibly be going on based on a few things, especially if there is a laundry list of things wrong, all of these should be heard and accounted for. These things led to this day and this visit. I know she is dehydrated, because I am now using a syringe to force water - not nearly enough that a dog should consume and with every visit she has made to each vet location, they have had to hydrate her either with IV or bolus. The tech managed to ask me 3 different times, during our chat outside if she had been here before, when I told her in the beginning that we had, and with each time that she asked me, I informed her yes, we have. I went over the laundry list of things she was experiencing, the tech wrote down 2 things, felt it was necessary based on what she saw and heard to tell me they were going to treat her as critical care, I was relieved to hear this, she takes her, she comes back out says they are taking her vitals, next trip out due to vitals, they are not handling her as critical. This goes back to the vet is NOT seeing what I am saying is concerning or alarming, because she is scared and reacting- the time the tech comes out she informs they are not treating her as critical- and asked that we go home, she won't be seen for 6-8 hours- we leave-Im just happy she is with emergency services- we got a call later than night from Dr Beckley. This last month has been scary and frustrating and overwhelming to say the least. Right away Dr Beckley said that Hazel is walking the way she is because of idiopathic vestibular disease, I think this sounds terrible, he plays it down but really doesn't going into detail, other than perhaps she may have an inner ear infection that is causing this- and her eyes are moving up and down, which is nystagmus-after I get off the phone, I research these things on my own to understand-the internet portrays this as nothing and that mostly it goes away on its own likely in 14 days- He goes on to say she has a fever at 104- and that going forward she may want to be seen by internal medicine specialist - this is the very first that I am hearing of this ever. I did not know there was such a thing for dogs/animals. I asked questions, gave suggestions to maybe jog something for him, in the same sentence he says that she does not have a fever goes into how when dogs are anxious they could get a false reading- I explained this is like her 10th vet visit in less than a month, each location has told me that and that once she has had time to

calm down they take it again, I asked if he did that he said no. He would not retake it by the time I pick her up. So did she have a fever or not, with all her systems and now shes falling over, staggering and possibly has a fever why is this not cause for alarm?

When he offered the internal medicine, he stated that it's for chronic issues and difficult patients. He mentioned she may have tick fever. I said we do not have ticks, none of our dogs have ticks, I have never found those on her- and why now, all of sudden- compared to all her symptoms and behaviors, he suggested we test, I said no. I went over from day 1, the dog bites, stitches, drain, e collar, when she first showed signs of walking like Frankenstein, seemed her ears with bothering her, when she stopped eating and drinking, was sleeping, lethargic, whining. This does NOT sound like just a case of IDIOPATHIC VESTIBULAR DISEASE to me. My frustration was while I spoke to him calmly and professionally and continued to probe him, ask open ended questions, questioned her nutrition, he continued to say, sure, sure, sure, after everything I said. I continued to hear a lot of I don't know's. This is scariest of all. A vet working in an emergency clinic, telling a frantic pet parent after all the scary occurrences and symptoms. And my favorite, I guess I could give her antibiotics. What? Really? Why? This is scary and insulting. I asked if he at least hydrated her- he said he did not, what? She was dehydrated. Why would you not hydrate her? My dog is suffering. I asked if he checked inside of her mouth or muzzle for the crinkling of her face she was doing he said no he had not, she has a muzzle on. I am taken aback at the lack of care and empathy expressed her. He advised me yet again to take her to the internal medicine specialist. We had no choice, he wanted no part in her care- I brought her home, WE took her to another vet the next day. She died on Monday. At the very least why did he do nothing to treat her or comfort her? She was suffering. He charged us a consultation fee- he said to limit her activity and she had no activity by this time- checked by family vet- NONE of the regular vets would see her they said they were not equipped for that- they kept telling me to take her to emergency vets- resume food or water, she wasn't eating or drinking for days and days-asked that we discontinue the ear medication give her the diphenhydramine- for allergies- I do not believe she had allergies at all-monitor for continued progressive difficulty walking, lack of appetite and lethargy- this was Saturday, he notes follow up with family vet on Monday- again no regular vet would see her-and she was gone by Monday. Negligence, ignorance, and arrogance-He did nothing to ease her pain or discomfort- but managed to charge me \$62.48. This is an insult. He may have been on the right track , finally with the internal medicine specialist, if only I had more time.

Dear AVECCC,

(Arizona Veterinary Emergency and Critical Care Center- 86 W Juniper Ave- Gilbert)

My name is Tracy. Your patient, Hazel. She was mine. I would like to inform you that as of Monday, May 3, 2021 Hazel passed away. She was treated for bite wounds from dogs that attacked her. You stitched her up, gave her meds. I would like to mention, for the most part, your technicians that I spoke to were kind. My husband spoke highly of you the night our paths crossed. I recognize that your field is highly stressful and I'm certain there are times that you are met with unkindness, often you are with people on some of the worst days of their lives. My husband and I were never unkind to you, never said a terse word, we appreciated all that you did to help our girl. We told you as such each time. I know there is still a pandemic lingering here, and you have protocols in place for that very reason. These protocols you have in place make it difficult at best to really communicate and listen to the pet owners. At best, because we visited your location 5 times in nearly a month, we ran into areas for improvement. Again, I recognize the difficult industry and the things you see and the people you deal with. This is still the very profession that each of you decided to enter, went to school for, your jobs, to support your families and yourselves. The pandemic may have changed a few things, but none the less your jobs remain the same, help and take care of animals. Animals cannot speak, they cannot tell you what is hurting – they have their people to advocate for them and what I witnessed is technicians and veterinarians that seem to be bored with their job, they have become numb to their patients, for whatever reasons. But honestly because of these behaviors, do you know who suffers? The animals. I ran into people that were unprofessional, lacked empathy and sympathy and the very skill of listening. I would spend a lot of time writing down, keeping track of symptoms and concerns, as I stayed home with Hazel all day, every day. I recognized changes in everything she did. Which were scary and alarming, but what I found is that you were not interested or alarmed. I'm sure it seemed as though it was viewed as hysterics of a pet parent, that you may see all too often. But you should handle each patient as a new patient, not like you have seen this 100 times before. Protocols leave us pet parents OUTSIDE to speak to the technicians ONLY with our list of concerns of symptoms, hoping that once we explain these to you or the veterinarians your thinking caps go on to think of ways to help and heal our animals. There were times when I would get a call from technicians that sounded like they rehearsed their speeches I was hearing, or was reading from a script, some of them lacked humanity. When I asked many questions and voiced my concerns at what the vet was telling the tech to tell me as part of a treatment plan, it wouldn't make sense or account for the symptoms. I got the sometimes we can run some tests and still not know. I would offer, could it be this or that, or some underlying issue you weren't aware of. I spent my time researching things so I can learn how to speak to the vets to pique their interests and try and get them to listen to what I was saying. One vet /tech kept alluding to her injured leg, that it wasn't alarming them, nothing seemed out of the sorts, but that they were going to focus on her leg- when what I had stated were alarming and concerning signs were she stopped eating and drinking, THINGS SHE NEVER EVER DID during her 14-day recovery period when she was in the most pain, and traumatized from her bite wounds, but why now and why all of a sudden. She was her normal, active, eating, drinking, demanding treats and jumping on the bed she always was. Now, she was now walking funny, with all 4 limbs, shaking her head as though she had an ear infection, she was now whining and crying out, was starting to crinkle her muzzle, like there was something in her mouth or she had cotton mouth, has a cough she DID NOT have before, the kind of cough that sounded like when people have colds and have bronchial

mucous. I can appreciate the vet then saying they can take x-rays -and do some diagnostics and that they would NOT focus on her leg and would test for valley fever. This was when things really changed it became critical and would have made a difference in her quality of life and may have even saved her life. We will never know now. It was this day, that had we been told of something called internal medicine services things may have been very different.

I'm going to digress from that statement here, because I think it's valid for you to know that we visited your location, 5 times. With every visit at your clinic and then other veterinarians I visited, each time after being told things, I feel ok, give it some time and she is going to turn a corner. She never did. I expressed to every single person that I spoke to every time, on her behalf her list of concerns and new symptoms. Her first visit to your clinic was when she was injured in the dog attack. The next would be about 4 days later, to have the drain removed, because we were told to, in our paperwork, next would have been Saturday the 17th, to have her stitches taken out. I may have taken her elsewhere for this, but we called 12 different vets and these vets were all booked out. We were all told the same, because of covid, lessen their patient load, smaller staff...whatever the reason, it was longer than needed to have her stitches taken out and we called and asked if your center could do it. It was that Saturday evening, I first noticed that change in her, it was more prominent that Sunday and more alarming. Seemed like an emergency to me....and especially since we were unable to get to a regular vet. We brought her back to you Sunday the 18th. The Diagnosis stated that she was brought in for swelling on her leg, this is false and inaccurate. She was walking rigidly, like she had forgotten how to use her legs, she has the coughing and wheezing which were indicated in prior notes, to the 18th. Medication for nausea, limit activity and a new antibiotic as well as an injection for pain, which my pet clearly did not present with. By Monday 4/19 she wasn't waking up, she was not alert, she was not going to the bathroom, she was not eating, she was panting, wheezing, coughing and if I did get her up that day, she could barely walk....and she was starting to whine. She got worse thru the day and by evening time, I was concerned she was going to pass away. I recognize she appeared aggressive to staff, and you continued to muzzle her and dose her, and in her frightened state, you never really got to see the things I told you I had witnessed and were NOT her personality, things she had never done, things she did NOT do when she was attacked and bleeding and had necrotic tissue and had drains and stitches. When I mentioned these things, Why were these NOT the things you were looking at, worried about and trying to address? It doesn't matter that you couldn't see it...I told you I was living it day after day and she was getting worse. This Monday evening would have been April the 19th, around 10 pm. As always we called first, based on what we were saying, it sounded like an emergency and we were told to bring her in....we did. Your center was busy and her and my husband slept in the parking lot until Tuesday, April 20th, (Saw Dr. Wyatt) 2 am when you came for her, which is fine, I was just glad that she was being seen and being helped. This was the day, that may have changed it all. Your team seemed stumped. Presenting with not moving and wheezing. She is acting stiff and cant use her legs, why was this NOT a red flag? She didn't act as though she was in pain especially not to the touch. Most of the time, the things that I said and that were in her charts are inaccurate. Times, symptoms. This is the day the Dr was just talking about the injured leg, I wanted her to move away from the injured leg. Her coughing and wheezing and unable to walk, with having an arched back, had nothing to do with an injured leg. They said they would not focus on the leg...FINALLY! And did the x-rays and labs and valley fever. Labs come back fine with low platelets and chest x-rays clear, now waiting on valley fever test. It does give you a false sense of security. We were told to have valley fever results in 3-4 days. That we would get a call.... We did not get a call but in fact I called them. The tech informed me that a Dr would have to speak to me, I waited, the dr did not get on

the phone, rather the tech came back and said that the results were negative, and I was advised in the future to go to a normal vet. This is unacceptable. What had I done, to deserve being told to go to a regular vet. A regular vet that you cannot get into in a timely fashion and the last few visits warranted emergency and cause for alarm, to me. She was declining every day, after this visit she slept for 2 days and peed herself repeatedly in her kennel. Her muzzle started to dry out she can't breathe through her nose, it sounded blocked or stuffy, she was really shaking her head, leads me to believe her ears were never checked, she now must have an ear infection, which I suspected days ago and made mention to one of our trips there, AFTER the sutures were removed. At this time she is now, really lethargic, not eating, and rubbing her face, head and MUZZLE on anything and everything that she can find, fences, dirt rocks, chairs, walls. We dog parents don't know what we don't know. We rely on the veterinarians taking care of our animals to tell us things. I had NO IDEA there was an internal medicine for animals. We continued giving her, her antibiotics. I discontinued her antibiotics when she had 2 left because I felt she was having an allergic reaction or something. This day, Wednesday 04/26 I began researching Benadryl. To see if this was an option, just then, a Dr. Jarosky, whom had never worked on Hazel, called to follow up...I told her, her symptoms, that she had not improved since her 04/20 visit, that she is still wheezing, she's doing that funny thing with her muzzle like her mouth is dry or sore, her muzzle and nose are drying out, she is rubbing her face on everything, she sounds congested...she suggested the Benadryl 25 mg, diphenhydramine, 2 tablets and said without seeing her, she can't say for sure, but she may need steroids, I was rather impressed with her calling, to check up, this was the first, especially for a Dr. that had not seen her. But was there anything else behind that call, other than just care...I can't be sure. I went out that day and gave her 2 tabs of 25 mg every 8 hrs. 1st dose 2 pm that day the next at 10 pm that evening and the next doses the next day 04/27 were at 6 am and 2 pm. I did not see a difference or a change I ceased her doses...I was able to get a hold of Copper Mountain (2980 S Alma School Rd.- Chandler) Friday 04/23 this name was given to me by one of your techs- when I called , they were rude, stand-offish, told me how lucky I was you're your establishment AVECCC took us in and that you have been turning people away, I told her of my concerns – she told me to go to any emergency vet or find a different vet, the soonest they could get us in would be that Tues, the 27th, I said I would love to take that..if she was better we could always cancel. She refused to schedule that appointment. After speaking to this person and her refusal to make an appointment, I was ok with that, I felt as though she represented the type of care my girl would get, and she deserved better. She continued to eat less, stay sleeping, be lethargic, still had trouble with her legs, wheezing, coughing, breathing out of her nose, dried up muzzle and nose, I'm force feeding her food and water at this point....by Tuesday the 28th- I call Banfield Hospital on Miller Road, in old town Scottsdale- tell them all her symptoms....the kid writes down allergies, I tell him this is NOT allergies, what about her ears and not eating, I get an appointment for the following morning Wednesday, April 28th we drop her off... the tech is writing down an abundance of things I am telling her, things that I noticed when she was with your center, her ears, muzzle..etc..they take her, she has severe ear infections in both ears, she is dehydrated, they run the same diagnostics you run, to compare to yours, they feed her some recovery food...hydrate her, send her home with ear wash and ear drops...and I have a follow up in 2 weeks to check her platelets. Was there anything else Dr. Jablonski could have done? Ironically, I called Sunday Morning, 05/02 to speak to her about this symptoms, I trusted her, she was not available, so I left a message for her to call me back, it took too long, I was scared for Hazel, found VCA and took her there- while I sat in the parking lot of VCA, alone, scared and crying, since they had just taken my baby inside, for what seemed like the 100th visit for my poor girl. I did receive a call from a Scottsdale phone number- but I was already

angered, and I did not answer. I did not receive her voicemail that she left until that next day, Monday. Ironically, she said she was calling to check up on Hazel, she was going over everything and was asking herself if she missed something, and could it be something called DIC? (Disseminated Vascular Coagulation)

Saturday Morning she is falling over, she can't stand and she's crying, she still tried to go outside and to go to the bathroomnot eating, her eyes look funny to me... I leave for a few hours ask my husband to call the vet and ask about this, he does NOT, that's another story, I call Banfield when I get home, she is trying to eat food, she falls over and staggers off...I tell the Tech, she tells me this is an emergency situation get her to emergency immediately, she asks her dr. He says the same, says she may have some underlying issue...which I have said from the beginning, but not one person bothered to listen to me.

I call your center for the final time on Saturday evening, May 1st- I talk to the tech, they say bring her in...I do...we arrive we are helped quickly thankfully, but I tell the stories to this particular tech, hoping it will incite or ignite something, I saw her write a few words down....I mentioned we had been there...during my brief time with this particular tech, she managed to ask me 3 times if I had been there before. Yes, I have. You take her, take vitals...now because even in her declining state she tends to be very frightened and anxious...each and every single visit to all the centers...they take initial vitals/temps...notice temp is high and always take again when she has time to calm down...THIS WAS NOT done the times. She was severely dehydrated. Your Dr that evening did not check her hydration levels, did not hydrate her, did not check her muzzle or mouth and my interaction was less than pleasing. Because he told me she had a fever her temp was 104- I advised that everyone always checks twice, and did he , he said he did not, nor would he again, before I pick her up...he told me she had NYSTAGMUS and that she has idiopathic vestibular disease. He did not make mention of any of this in her discharge notes, nor did he explain this in great detail to me, I actually had to look this up myself....he did tell me what nystagmus was , discontinue her ear drops, give her Benadryl. Dr. Alex Beckley did not seem too concerned and took no actions to help my suffering dog. I wanted to know if my dog was dying. This is the first mention of Internal medicine specialist; in the future, resume her food/water intake which by this time is ZERO her weight is listed at 46 pounds...her initial weight during dog attack was 61, no one was alarmed by the significant weight loss, her Banfield visit 51, and her last visit with you 46. I feel less than thrilled with his lack of nothing, but love that you still charged me the \$62.48 for consultation. Sunday morning her staggering is worse, I now find an Emergency referral, vet with internal medicine (VCA Animal Referral and Emergency Center of Arizona 1648 N Country Club Dr-Mesa)

I take her here, they agree with Dr Beckley, vestibular disease, with the nystagmus, may have an inner ear infection as well as the outer, they could hydrate, hospitalize her and have a CT done Monday with follow up with the internal medicine service. Based on what she is telling me, vestibular clears up on its own, put her back on antibiotics, for inner ear infection, give her a shot of anti-nausea and sea sickness....they say they feel comfortable releasing to me, with follow up with the internal. I agree-they give me more information about the inner ear, vestibular, what can cause, could be brain or other things, but seems idiopathic so more likely the inner ear....I get sent home.

Monday Morning, May 3 she cries from her kennel I get her up to go potty, she barely makes it she's falling over, she goes pee, heads back to the house, she's drooling and cant stand, falls to the ground

just shy of our front door....my husband picks her up, puts her in her kennel, she sleeps for 10hrs....i know in my heart we are looking at the end...

I come to acceptance this day. She awakens I give her lunch meat, put drops in her ears....

Her breathing is definitely different, more chest than the chest and abdomen, seems jerky, later I see her head throb periodically just by her left ear, I take her for one last car ride...her breathing changes significantly in the car, more labored and rapidly, she's not really coherent- I call VCA- to say I want to know if my dog is dying and if so, I don't want her to suffer. We get there, the Dr. tells me she is very concerned for her breathing, she feels there could be brain concerns, she is unable to stand at all...which we had become aware of just prior to that, where should could at least try and stand that morning, that afternoon, she could no longer...my husband carried her. That they could hospitalize her, that she felt she wouldn't make it through the night and that we would lose out on saying goodbye, she said she could offer an MRI which is expensive 5-7 grand and may be too late to her at this point. Felt that it was concerning her breathing and felt it humane to euthanize....I asked her again, so you think my dog is dying ..she agreed...gave me a moment to take that in...I called back and asked if she was certain. We got to go in and say goodbye to my sweet girl. She died, peacefully and not suffering.

We could have avoided The Banfield visit and the last visit to your center on May the first...and saved

\$ 1890.09 to use towards a more qualified clinic with access to CT scans and internal medicine services – and more than that the money spent to ease my baby's pain, for the last time and get her back, to bring her home....in a box. If any of your Dr's took a genuine concern in what was actually happening with my girl and really heard and listened to me as I cited concerns and symptoms- I wouldn't be typing this up today. As Dr's you can ONLY go by what we as animal parents tell you and for you not to be stuck in your same day different stuff rut. Why did you not ask more questions? Did you overmedicate my dog? What was it? I kept track of all my visits, notes, concerns, symptoms, and all the false statements and inaccurate notes you provided me in her care. I hope you did as well. I feel as though Hazel could have been saved. I feel as though, ignorance, possibly arrogance and negligence played a role in the death of my beautiful girl Hazel.

If you are going to call yourselves Emergency, I feel like you should be the best of the best, cream of the crop, more knowledgeable than a regular vet. You should be better listeners and addressing and answering the difficult questions being asked of you...if this happened, what could be causing it. You didn't. I will blame myself till I die for not advocating harder and being able to save her. But I trusted you and your center and your licensed, medical personnel to fight for her and want to help and save my baby- find answers, and If you didn't know tell me that and send me to someone that may know. We count on and trust you...Unfortunately Dr Beckley came the closest to probably getting us to the right people even though he fell short in helping her also, but had we known sooner, she may have had a chance. Some of you give off the impression that you hate your jobs or don't care enough about our fur babies. I'm appalled at the things I saw on this horrible journey. Exceptions were made, for us entering the building to say our goodbyes. Why could you NOT make allowances for me to accompany my girl, for every time she came to your center, she was scared, sick and didn't understand what was going on, this aggression you speak of, is NOTHING that I ever saw of her or experienced. I understand safety first, why would I not be allowed in to help ensure your safety and that you hear and see all her symptoms. Alive and in person. Why didn't you make an exception? Why did NONE of your techs come outside with a recording device or paper to keep track of everything I said? I had a chance to speak to Dr.s on the

phone, they got the same information. No significant notes to treat or speak to those or to let me know you don't know- but try here. I tried elsewhere, I researched other hospitals and vets, I finally found VCA. Why would you not have information like this readily available to pet parents when you fall short? I hope you find some take-aways from this. You could all do better. You can't keep chalking it up to they're animals, we may not know or find out. I think there was enough information provided here, by me to make better decisions on her care. I think the system is OUTDATED and broken and you failed us and you failed Hazel. Some of your staff needs further training or new jobs. Better charting, notes. Im not sure where to begin. In the least, bring things to your attention that you are all responsible for that you should all know and share and how you need significant changes. Staff, protocols, actually listen, write down all the symptoms or concerns presented to you and be more investigative, I don't care how long you would have had to keep her as long as you did all that you could and should, step outside your comfort level, go above and beyond and quit making excuses. I feel like you could have done more, should have done more and you didn't address the issue presented to you. How can you investigate or diagnose without having all the facts to even begin to make an educated guess on what could possibly be wrong with your animal patients. I informed Dr Jarosky the day that she called me, about your staff member telling me to seek another vet for the future, she was taken aback and apologetic, she offered that I could call and ask her questions if I needed to. If you can't be kind, and patient and tolerant of animals and their parents- leave. Don't take your bad days out on us. I saw it a bit, and I never was once rude or indignant. I was scared and exhausted and thankful and expressed my appreciation every time I interacted with any member of your staff.

I felt lost, I researched clinics, emergency clinics, symptoms, things that you told me...I spoke to vet techs and veterinarians, I laid down all my concerns and symptoms, I asked open-ended thought provoking questions, I told you my concerns, what about underlying issues, I asked difficult questions and when I didn't agree with what was being told to me, I challenged you and offered you more data, I took her to several clinics, yours 5 times. I was tired and overwhelmed I stood by her side, I fed her, food and water what I could get her to take, I laid by her side, listened to her breathing and her crying, and watched her deteriorate for a month and never felt satisfied that you spoke to any of the issues. She's gone now. My heart aches every day, our home is vey still and quiet, she was our light. I will miss her every single day.

I feel a greater sense here and I will continue to pursue it. One is reaching out to you, telling you she was gone, my experience with you and your staff, concerns, and that the feeling that you may have been able to do more, and she may still be with us. I hope you find some truth in these statements. If this happened to me and my wonderful girl, chances are these things may have happened to someone else. I hope you decide to do better and make changes. I hope you save the next Hazel that comes to your clinic.

Regards,

Tracy Bloom

****Below is a picture of my beautiful, funny, charming, loving little girl Hazel. Remember her face. I should have had 10 more years with her.**



Narrative account for 21-142 In Re: Alex Beckley, DVM

Hazel was presented to me by Ms. Bloom on 5/1 for decreased appetite and difficulty walking. She was triaged and brought to the treatment area where I examined her. She was muzzled during her exam as she had shown signs of aggression to the staff during that and previous visits. On her exam, I noted vertical nystagmus OU and mild tetra-ataxia with no other neurologic deficits. She was ambulatory and no pain reaction was found on orthopedic exam. She had severe otitis externa with swelling and debris in both external canals and fluid in the canal AS and I was unable to assess the tympanic membranes. She had alopecia in the periocular area OU and erythematous skin on the ventral thorax and abdomen although her previous wounds appeared well healed. T was 104.7.

I spoke with Ms. Bloom over the phone according to our COVID protocol and asked for her history. She stated that Hazel had initially been seen at our facility for dog bite wounds on 4/5 and owner reported that she had initially been doing well after being treated. She was seen again at our facility on 4/18 after developing progressive swelling of her elbow at the site of some of the wounds. On that visit she was started on enrofloxacin and was given Cerenia. She was brought back in on 4/20 for persistent pain and lack of improvement and had bloodwork (CBC/chem/NOVA and valley fever titer) and radiographs at that time. She was seen again by her family veterinarian on 4/28 and had repeat bloodwork at that time which was normal except for a persistent thrombocytopenia. She was given fluids and was started on a topical medication for otitis externa on that visit. Since then, she had continued to be lethargic, had decreased appetite, and had not been getting up much. She had vomited and had some runny stool a couple of days before this visit but had not vomited since then. She had cried and whined while in her kennel on the day of this visit and then was falling over and staggering. Her only current medication was the topical ear medication.

I advised Ms. Bloom of my exam findings and discussed differentials for the ataxia and nystagmus. I advised her that I was concerned about the potential for otitis media/ interna given the presence of otitis externa and vestibular signs but also discussed idiopathic vestibular disease and central lesions as possible differentials. Her temperature was elevated and had been so during past visits but historically had been normal when rechecked after being in the clinic for a period of time. The day of this visit was a Saturday evening, and I advised that most of the diagnostics I would have available tonight would be repeats of previous diagnostics. I recommended repeat CBC/chem and thoracic and abdominal radiographs to screen for changes and discussed performing 4DX as this had not been done previously. I advised her that further diagnostics such as CT would not be available tonight but could provide useful information in the future. Ms. Bloom declined all diagnostics at this visit. I recommended discontinuing the topical medication and starting her on another oral antibiotic given the possibility of otitis media/ interna as a cause for her vestibular signs. Ms. Bloom stated that she believed antibiotics had started all of her problems and declined starting an antibiotic. I discussed giving SQ fluids and an injection of Cerenia as she had expressed concern over her lack of appetite, and she declined these treatments. I discussed starting a pain medication as she had expressed concern over her discomfort, and she stated that she still had some of her previous pain medication at home and that she would prefer to use that. She expressed frustration at the chronicity of her symptoms and lack of improvement. I recommended following up with an internal medicine specialist as they could likely offer further diagnostics such as CT

and as getting a specialist involved may be beneficial. She expressed interest in seeing an internal medicine specialist. I recommended diphenhydramine and provided instructions for a dose of 25 mg tablets: 3 tab PO Q8hr in her discharge instructions.

I have had no further contact with Ms. Bloom and did not see Hazel again after this visit.

Alex Beckley, DVM



ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

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VETBOARD.AZ.GOV

INVESTIGATIVE COMMITTEE REPORT

TO: Arizona Veterinary Medical Examining Board

FROM: AM Investigative Committee: Robert Kritsberg, DVM - Chair
Christina Tran, DVM - **Absent**
Carolyn Ratajack
Jarrod Butler, DVM
Steven Seiler

STAFF PRESENT: Tracy A. Riendeau, CVT – Investigations
Marc Harris – Assistant Attorney General

RE: Case: 21-142
Complainant(s): Tracy Bloom
Respondent(s): Alex Beckley, D.V.M. (License: 6133)

SUMMARY:

Complaint Received at Board Office: 5/18/21
Committee Discussion: 11/2/21
Board IIR: 12/8/21

APPLICABLE STATUTES AND RULES:

Laws as Amended August 2018
(Lime Green); Rules as Revised September
2013 (Yellow).

On April 18, 2021, "Hazel," a 3-year-old female Heeler mix was presented to Respondent's associate for evaluation and suture removal from a previous surgery. The dog had been treated on April 5, 2021 for dog bite wounds. The dog was hospitalized for the day for treatment of swelling on the right elbow at the previous wound site.

On April 20, 2021, the dog was presented to Respondent with multiple concerns – not wanting to walk, anorexia, lethargy, and coughing. Diagnostics were performed and did not reveal a reason for the dog's fever and symptoms at home.

On April 28, 2021, the dog was presented to Banfield and was hospitalized for the day for diagnostics and supportive care.

On May 1, 2021, the dog was presented to Respondent's associate, Dr. Beckley, for evaluation due to the dog's declining condition. The dog was febrile and had nystagmus and ataxia. Due to the dog's chronicity of symptoms, an internal medicine specialist was recommended.

On May 3, 2021, the dog was humanely euthanized due to progression of neurological symptoms and decreasing quality of life.

Complainant was noticed and appeared.

Respondent was noticed and did not appear.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: *Tracy Bloom*
- Respondent(s) narrative/medical record: *Alex Beckley, DVM*
- Consulting veterinarian(s) narrative/medical record: *Banfield; and VCA ARECA.*
- Witness(es) statement(s): *Michael Avery; Nicholas Bloom; and Sherry Sanders*

PROPOSED 'FINDINGS of FACT':

1. On April 5, 2021, the dog was presented to Arizona Veterinary Emergency & Critical Care Center (AVECCC) with dog bite wounds. The dog required a muzzle due to temperament. Dr. Cornutt treated the dog; blood work was performed and a culture was taken of the dog bite wound. Surgery was performed to suture the wound and place a draining tube. A small corneal ulcer was also identified and treated. The dog was discharged with carprofen, gabapentin, NeoPolyBac and Clavamox.

2. On April 17, 2021, the dog was presented to AVECCC for suture removal and exam. Complainant reported that the morning of presentation, the dog's elbow was swollen where the sutures were and the dog's appetite was decreased. The dog had finished the medications and did eat a piece of chicken that day. Due to the dog's temperament, a safe evaluation could not be conducted despite a muzzle being placed on the dog. Dr. Duthie recommended giving the dog trazadone and gabapentin and returning 2 – 3 hours later for a full exam.

3. The dog returned later. The dog had a weight = 27.6 pounds, a heart rate = 160bpm and a respiration rate = panting, BAR. Dr. Duthie still could not safely examine the dog and recommended repeating sedation; Complainant approved. The dog was sedated with hydromorphone and dexmedetomidine IV. The dog had a temperature = 104.4 degrees immediately after sedation, then 98.8 degrees, 30 minutes later. Dr. Duthie removed the sutures and noted that the medial aspect of right elbow was moderately swollen. There were three superficial areas of erythema seen on ventral/caudal abdomen. The dog was diagnosed with swelling associated with previous wound; inflammation vs. infection.

4. Dr. Duthie recommended keeping the dog for IV fluids and IV antibiotics due to fever. The pet owner agreed. The dog's temperature did normalize after being sedated therefore Dr. Duthie suspected the fever was likely secondary to fear/stress. She also recommended changing the dog's antibiotic, continuing gabapentin, and starting cerenia due to the decreased appetite. Additionally, it was suggested to increase the warm compress to the affected area.

5. An IV catheter was placed, Plasmalyte was bolused, then decreased to a maintenance rate; IV enrofloxacin and cerenia were administered to the dog. The dog's wound was cleaned and the dog's temperature was monitored closely throughout the day. The dog was discharged the following day with enrofloxacin, cerenia and gabapentin.

6. AVECCC records seem to indicate the dog was presented on the 17th; Dr. Duthie recommended sedating the pet with trazadone and gabapentin and returning in 2 hours; and discharged on the 18th – staying overnight for monitoring and IV fluids. Complainant's narrative

reads that the dog was brought in on the 17th, requested the dog be sedated with trazadone and gabapentin, then brought back, treated and released. The dog did poorly during the night and was presented again to AVECCC on the 18th and discharged later that day.

7. On April 19, 2021, the dog was presented to AVECCC due to her condition not improving; not moving, wheezing. The dog was triaged and deemed stable – there was a prolonged wait time and Dr. Wyatt was finally able to evaluate the dog in the early morning hours of April 20th. Due to the dog's temperament, the dog was given oral sedatives, trazadone and gabapentin, prior to exam. The dog was muzzled – weight = 25.4 pounds, temperature = 103.1 degrees, heart rate = 140bpm, respiration rate = panting.

8. Dr. Wyatt stated that upon exam, the dog was BAR and able to walk into the building. She could not appreciate any lameness, stiffness, or musculoskeletal abnormalities. The dog was placed in lateral recumbency and allowed full range of motion of all limbs and joints. Dr. Wyatt could not elicit any palpable pain, the bite wound appeared to be healing appropriately, and the dog was not coughing; no cough could be elicited. The dog's lungs were clear with a normal respiratory rate and effort. Dr. Wyatt did not identify any neurological deficits, nystagmus, or ear infection, at that time. She did find general erythema and fever on entry.

9. After discussing the exam findings, Complainant expressed concerns that the dog was dying therefore Dr. Wyatt recommended a full diagnostic work up, including radiographs and blood work. She did not recommended another culture of the dog's leg since it had been done at the time of the bite wound repair. Furthermore, the dog was on her second round on antibiotics and there was no area on the wound to collect a culture. Complainant agreed with the recommended diagnostics.

10. The dog required additional sedation for radiographs and was administered 5mg butorphanol IV. Abdominal and thoracic radiographs were performed – no significant abnormalities were noted other than the suspected cellulitis at the right antebrachium. Blood work showed elevated ALT, mild dehydration, and thrombocytopenia – but nothing overtly concerning that would explain the dog's fever or signs at home. Valley fever titer was recommended and approved.

11. The CBC was repeated an hour after the first due to the concerning results. The repeat values were within normal limits. There were some changes in the WBCs and Dr. Wyatt recommended having the primary care veterinarian recheck the dog's platelets.

12. Dr. Wyatt suspected that the dog's behavior could be pain related and recommended adding additional pain medication for a few days and following up with the primary veterinarian if no improvement. She also discussed thrombocytopenia and possible causes – machine error was a possibility since there was not a reason for the dog to be thrombocytopenic. The dog was administered 1 liter Plasmalyte SQ and discharged with tramadol and carprofen.

13. On April 23, 2021, the Valley Fever titer was reported: Negative

14. On April 28, 2021, the dog was presented to Dr. Jablonski at Banfield for a follow up exam.

Complainant reported that the dog was lethargic, not eating and had an ear infection. She further advised that the dog had been lying in her kennel refusing to get up and urinated on herself. The dog vomited this day after eating a small amount, her nose had become severely crusted over and dry. Complainant stopped giving the antibiotics out of concern the dog was having an allergic reaction. The dog was given trazadone and gabapentin prior to the exam.

15. Dr. Jablonski evaluated the dog (T = 102.1) and performed recheck blood work. She found a crusted over nose, heavy inflammation and discharge in both ears, swelling on inside of the right antebrachium, and healed bite wounds – an accurate neurological exam was not able to be performed. There were no mobility issues or pain on flexion and extension of limbs. The dog was hospitalized for IV fluid treatment.

16. Dr. Jablonski noted bruising on the dog's belly and armpits – she recommended monitoring closely due to the dog's low platelets. However, the platelets had improved from the blood panel ran at AVECCC. Dr. Jablonski wanted to start the dog on doxycycline and an appetite stimulant to get the dog eating. Dr. Jablonski was able to get the dog to eat some Recovery mixed with water via a syringe. The dog's ears were cleaned and treatment for the ear infection was recommended. The dog was discharged later that day with tramadol, Rimadyl, ear cleanser and medication, as well as a recommendation to recheck platelets every 2 weeks.

17. On May 1, 2021, the dog was presented to Dr. Beckley at AVECCC for exam. Complainant reported the dog continued to be lethargic, anorexic, falling over and staggering. The dog had vomited a couple days prior and had runny stool. Upon exam, the dog had a weight = 21 pounds, a temperature = 104.7 degrees, a heart rate = 148bpm, and a respiration rate = panting. Dr. Beckley noted the dog had vertical nystagmus to both eyes, severe swelling and debris in both ears, no lameness or pain identified but mild tetra ataxia was observed.

18. Dr. Beckley advised Complainant that the available diagnostics would be repeats of previous diagnostics therefore Complainant declined all diagnostics at that time. Oral antibiotics were recommended instead of the topical ear medication given that otitis interna was a differential for the dog's nystagmus; Complainant declined stated that the dog did not do well previously on oral antibiotics. SQ fluids and cerenia were also discussed due to the dog's previous vomiting and lack of appetite – Complainant again declined. Complainant expressed frustration at the chronicity of the dog's symptoms and lack of progress. Dr. Beckley recommended visiting with an internal medicine specialist as they could offer further diagnostics including CT scan. The dog was discharged with recommendations to discontinue the topical ear medication and start diphenhydramine.

19. On May 2, 2021, the dog was presented to Dr. Streiff at VCA ARECA for ongoing lethargy, weight loss, and neurological symptoms of ataxia and nystagmus. Upon exam, the dog had a temperature = 105.3 degrees and was dehydrated. An IV catheter was placed and the dog was started on IV fluids while Dr. Streiff spoke with Complainant. She expressed concern for vestibular disease potentially caused by otitis media. Dr. Streiff recommended hospitalizing the dog for supportive care and transferring the dog to the internal medicine department for advanced imaging and further care.

20. Complainant expressed financial constraints and elected outpatient therapy with the

understanding that a complete diagnosis had not been made and prognosis was unknown. Blood work was performed and results were overall unremarkable. The dog was discharged with cerenia, meclizine, and enrofloxacin.

21. On May 3, 2021, the dog returned to VCA ARECA due to progression of neurological symptoms and decreasing quality of life. Complainant elected to humanely euthanize the dog.

COMMITTEE DISCUSSION:

The Committee discussed that this was a complex case; communication was difficult and seeing a different veterinarian each visit for a different symptom is also difficult. The Committee sympathized with Complainant and the dog for their experience.

After reviewing the medical records, it was clear that the dog developed multiple symptoms over time, which Complainant did not feel were addressed. However, each concern Complainant had, was noted in the medical record. Sedating the dog due to temperament each visit made it difficult to get a true assessment of the dog and the symptoms seen at home.

Dr. Wyatt's assessment and recommendations for diagnostics and treatments were sound. The Committee wished there was a recommendation to hospitalize the dog for IV fluids and monitoring.

The Committee expressed concerns with the referral to an internal medicine specialist by Dr. Beckley and treating the dog on an out-patient basis. Knowing it could take a long time before Complainant could get an appointment with an internist, it would have been better to hospitalize the dog and have an evaluation performed on the dog by an onsite criticalist due to the dog condition continuing to worsen.

The Committee thought it was interesting that Complainant was very compliant with respect to recommended diagnostics, but then declined Dr. Beckley's recommendations in a dog that was worsening. Complainant does not recall being offered additional diagnostics.

It was unfortunate that a diagnosis could not have been reached. Additionally, no necropsy was performed to help determine a possible cause of the dog's symptoms.

The Committee commented that Complainant's concerns with respect to the dog's symptoms were documented in the medical record which was a concern of Complainant's that they were not.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the Veterinary Practice Act occurred.

COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 4 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.

TR

Tracy A. Riendeau, CVT
Investigative Division